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| <b>TRANSMITTAL FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> |   | Application Number     | 10/712,322         | <b>RECEIVED<br/>CENTRAL FAX CENTER<br/>JUN 12 2006</b> |
|  |   | Filing Date            | November 12, 2003  |  |
|  |   | First Named Inventor   | Thomas R. Gingeras |  |
|  |   | Art Unit               | 1634               |  |
|  |   | Examiner Name          | Pohnert, Steven G. |  |
| Total Number of Pages in This Submission   | 3 | Attorney Docket Number | 3535.1             |  |

| ENCLOSURES (check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) ____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>- Response to restriction requirement (2 pages). |
| Remarks  |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |          |        |
|--|-------------------------|----------|--------|
| Firm                                       | Affymetrix, Inc.        |          |        |
| Signature                                  | <i>Leticia R. Block</i> |          |        |
| Printed Name                               | Leticia R. Block        |          |        |
| Date                                       | June 12, 2006           | Reg. No. | 50,167 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                         |      |               |
|---|-------------------------|------|---------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                         |      |               |
| Signature   | <i>Leticia R. Block</i> |      |               |
| Typed or printed name   | Leticia R. Block        | Date | June 12, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**RECEIVED  
CENTRAL FAX CENTER**

**JUN 12 2006**

Applicant: Thomas R. Gingeras

Examiner: Pohnert, Steven C.

Serial No: 10/712,322

Unit No.: 1634

Filing Date: November 12, 2003

Attorney Docket No.: 3535.1

**Title: Methods, compositions  
and computer software products for  
interrogation sequence variations in  
functional genomic regions**

Commissioner for Patent  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

In response to the June 12, 2006 Restriction Requirement, the Examiner is requiring an election between the following groups of claims:

- I. Claims 2 & 19, drawn to methods of analyzing transcription factor binding sites.
- II. Claims 3 & 20, drawn to methods of analyzing RNA protein binding domain.
- III. Claims 4 & 21, drawn to methods of analyzing chromatin modification sites.
- IV. Claims 5 & 22, drawn to methods of analyzing origins of replication.
- V. Claims 6 & 23, drawn to methods of analyzing DNA methylation sites.

**Applicants elect the invention of Group I (claims 2 & 19) without traverse.**

Applicants reserve the right to re-present non-elected claims in a divisional, or other related application.

Applicants believe that no fee is due with the submission of this document. However, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 01-0431.

Respectfully submitted,

Date: 06-12-2006

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